

UNITED STATES DISTRICT COURT

District of New Jersey

U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVED

2013 SEP 27 AM 11 19

UNITED STATES OF AMERICA )

Plaintiff )

V )

Thomas C. Dininio )

Defendant )

Case Number:

1:13-CV-05296-RBK

BRIEF IN SUPPORT OF MOTION TO  
DISMISS/DEMURRER

In the Defendant's ANSWER, he relies on two separate, but related, pleas: (1) failure to state a cause of action; (2) Demurrer.

Demurrer raises the issue of whether the complaint on its face, whether true or false, can sustain the action before the court where the pleadings or the process is insufficient.

The Defendant does not traverse the Demurrer, but does find it necessary to provide this Honorable Court with facts, supplied by the Internal Revenue Service, which were not pleaded in the complaint.

First, as to the FAILURE TO STATE A CAUSE OF ACTION UPON WHICH RELIEF CAN BE GRANTED.

A *cause of action* is defined as: (1) the plaintiff must declare his rights or rights in things, (2) must declare the Defendant's neglect of those rights, and (3) declare the damages which arise out of the said neglect.

The word "allege" means to state without proof.

The "alleged complaint" filed with this Honorable Court amounts to nothing more than a "bill" wherein the federal attorney demands that this Court enforce collection. The "alleged complaint" provides no information to the Defendant upon which he can proceed.

For instance, Man A complains of Man B in an action of Trespass upon real property wherein a rosebush has been damaged.

As such, Man A has declared his interests in the real property and the personal property, stating about the day when such trespass has occurred, listing the fact that the rosebush was physically damaged, purportedly due to the neglect of Man B, followed by the amount of the damages.

If Man B neglects to answer the complaint, Man A may seek Default Judgment.

On the other hand, Man B may Demurrer by way of Affirmative Defense, claiming that Man B had to avoid being hit by a car, etc., etc.

This "alleged complaint" supplies none of the necessary information upon which the Defendant can properly proceed.

However, by Demurrer, the Defendant is capable of providing this Honorable Court with information which was not supplied by the Federal Attorney, who himself may not be aware thereof.

Can any case, properly pleaded be sustained on some fraud?

The answer is that no case can arise in fraud.

This Honorable Court's attention is directed to Line 8, Line one of the Table therein contained. This line contains a date – 1998 – followed by an amount "assessed" followed by the purported amount due at the filing of the "alleged complaint."

In 1998, the Defendant decided to "rollover" an IRA Account – removing it from one servicing agent to another, doing so within the terms and conditions established in 26 USC §408, concerning Individual Retirement Accounts. However, the IRS, by and through its employees and agents decided to assess a tax on what had been done lawfully.

Had the Defendant not Answer the "alleged complaint," the Federal Attorney would have sought Default Judgment, wherein silence is equated with guilt.

Hence, when the Defendant noticed the IRS about the false assessment, the answer was that of silence. Following the logic in the previous paragraph, the IRS was/is guilty of attempted extortion.

This in and of itself, had the IRS attempted to proceed in court, may not have been grounds for any successful action.

Comes adding insult to injury. The Defendant now becomes "targeted" by the IRS – an incorporeal being – which must and can only act by and through its employees and agents, to

then “assess” taxes against the Defendant for the years 2000 and 2003, as found in Line 8 of the “alleged complaint”, the aforementioned Table, Lines two and three.

This Honorable Court’s attention is directed to the year 2000, Line 8 of the “alleged complaint.” The Defendant filed a standard 1040 with the IRS for that year. He was notified that the IRS had not received the said form. The Defendant mailed several copies to the IRS of the “missing” 1040 form, only to finally be notified, after requesting information through the Freedom of Information Act, of a 1040 form with “doodles” on it.

Does it become indicative of the Defendant to have to “baby sit” employees and agents for the IRS?

Further, this Honorable court’s attention is directed to Attachment A, attached hereto and made a part hereof. The attachment are certified 1040X form, wherein the Defendant has attested to the reason of filing such forms in Part III, where the filer must state why the forms are being filed.

Title 26 USC does not contain any authority of anyone, other than the filer to change values on filed documents, nor, does it contain any means by which the IRS, by and through its employees and agents may “arbitrarily” assess taxes.

Whereas, the IRS, by and through its employees and agents, have willfully, maliciously and with dolus (the intent to defraud), attempted to “cover up” the first attempt at extortion, by creating further extortion.

This Honorable Court may not, at this juncture, accept that the Defendant was “targeted,” whereupon the Court’s attention is directed to Attachments B through E, attached hereto and made a part hereof. In so doing, the Court’s attention is directed to Part III – the reason given for filing the certified 1040X documents.

As the Honorable Judge is aware, as is the Federal Attorney is aware, as is the Defendant aware, or any individual who attempts to open a bank account is aware, it is necessary to have a SSN in order to open such account.

This Honorable Court’s attention is directed to Attachment F, attached hereto and made a part hereof, where the cover form describes why the other documents are not signed and attested thereto.

IRS Agent Fillion ascribes that the amounts set forth in column A, Line 1 of the certified 1040X forms for the years 2007 through 2010 come from a bank account which, as found in Attachment F, does not exist.

As to the Civil Penalties contained in Line 12, Count II, the Defendant is at a loss as to where or why such penalties were assessed in the first instance, since the IRS, by and through its employees and agents have remained silent on the reasons.

While the IRS is delegated to *collect* certain taxes, the Defendant does not dispute this fact. The "alleged complaint" appears to claim that the Defendant has not complied with the rules and regulation, BUT, on the other hand, the Defendant is being told that the IRS, by and through its employees and agents are not subject to obeying the same rules and regulations.

In summary, the Defendant in this "alleged complaint" sets forth, from the IRS's records the following facts:

1. The "alleged complaint" fails to state a cause of action upon which the Defendant may plead;
2. The "alleged complaint" is nothing more than a bill concocted out of fraud with the attempt to induce this Honorable Court to enforce collection thereof, amounting to extortion;
3. The "alleged complaint" arises out of the Defendant's unwillingness to be extorted in 1998 under lawful compliance with 26 USC 408;
4. That, according to the aforesaid records, the Defendant was "targeted" with unlawful assessed amounts for the years, 2000 and 2003;
5. That the amounts of a non-existent bank account were attributed to the Defendant for the years 2007 through 2010, further targeting the Defendant.
6. That, upon the records of the IRS, the IRS, its employees and agents are not subject to obeying the statutes and code under which they are employed to do so.

WHEREFORE, the Defendant prays this Honorable court will

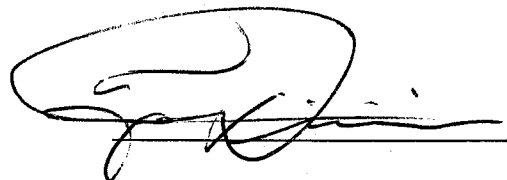
DISMISS THIS CASE WITH PREJUDICE.

Further, the Defendant prays this Honorable Court will order all public records expunged of all liens, levies, etc., against the Defendant, his real property and personal property.

Further, the Defendant prays that this Honorable Court will grant any and all relief within the power of this Honorable Court right any and all injustices done to the Defendant's good name and reputation.

Further, the Defendant remains DEMURRER.

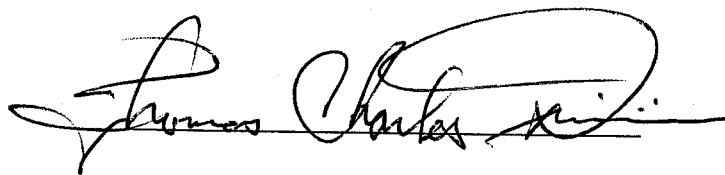
26 Sept. 13



Thomas Charles Dininio

I, hereby swear and affirm, that the forgoing is true to the best of my knowledge and based upon my understanding of Title 26 and the actions taken against me by the IRS, by and through its employees and agents.

DATE: 26 Sept. 13

A handwritten signature in black ink, appearing to read "Thomas Charles Dininio", written over a horizontal line.

Thomas Charles Dininio

## Attachment A

Form **1040X**  
(Rev. December 2012)

Department of the Treasury—Internal Revenue Service

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).This return is for calendar year ☐ 2012 ☐ 2011 ☐ 2010 ☐ 2009

Other year. Enter one: calendar year 2003 or fiscal year (month and year ended):

Your first name and initial

Thomas Charles

Last name

Dininio

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

2209 Buttonwood La

Apt. no.

Your phone number

856 327 1916

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Millville, NJ 08332

Foreign country name

Foreign province/state/county

Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status.**Caution.** In general, you cannot change your filing status from joint to separate returns after the due date.☒ Single☐ Married filing jointly☐ Married filing separately☐ Qualifying widow(er)☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)

Use Part III on the back to explain any changes

**Income and Deductions**

1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here . . . . .	1	10072	(9702)	370
2	Itemized deductions or standard deduction . . . . .	2	not supplied	unknown	4750
3	Subtract line 2 from line 1 . . . . .	3	not supplied	unknown	(4380)
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 30 . . . . .	4	1	0	1
5	Taxable income. Subtract line 4 from line 3 . . . . .	5	not supplied	unknown	0

**Tax Liability**

6	Tax. Enter method used to figure tax:	6	568	(568)	0
7	Credits. If general business credit carryback is included, check here <input type="checkbox"/>	7			
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8			
9	Other taxes	9			
10	Total tax. Add lines 8 and 9	10	568	(568)	0

**Payments**

11	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)	11			
12	Estimated tax payments, including amount applied from prior year's return	12			
13	Earned income credit (EIC)	13	0	258	258
14	Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2009-2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	14			
15	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	15			
16	Total payments. Add lines 11 through 15	16			258

**Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)**

17	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	17		0
18	Subtract line 17 from line 16 (If less than zero, see instructions)	18		
19	Amount you owe. If line 10, column C, is more than line 18, enter the difference	19		
20	If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return	20		258
21	Amount of line 20 you want refunded to you	21		258
22	Amount of line 20 you want applied to your (enter year): estimated tax	22		

Complete and sign this form on Page 2.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11380L

Form **1040X** (Rev. 12-2012)



Form 1040X (Rev. 12-2012)

**Part I Exemptions**

Page 2

Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2009.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23 Yourself and spouse. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself. . . . .	23		
24 Your dependent children who lived with you . . . . .	24		
25 Your dependent children who did not live with you due to divorce or separation . . . . .	25		
26 Other dependents . . . . .	26		
27 Total number of exemptions. Add lines 23 through 26 . . . . .	27		
28 Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending . . . . .	28		
29 If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 6 for 2009 . . . . .	29		
30 Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form . . . . .	30		
31 List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- ☐ Check here if you did not previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

IRS did not supply information necessary for me to completely fill in this form. The income records supplied by the IRS were given to H&R Block to figure taxes. From the same information, H&R Block indicates a \$258 refundable tax credit and a \$568 deficit.

**Sign Here**

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Your signature

Date

Spouse's signature. If a joint return, both must sign.

Date

**Paid Preparer Use Only**

Preparer's signature

Date

Firm's name (or yours if self-employed)

Print/type preparer's name

Firm's address and ZIP code

PTIN

☐ Check if self-employed

Phone number

EIN

For forms and publications, visit IRS.gov





Form  
1040

Department of the Treasury - Internal Revenue Service

## U.S. Individual Income Tax Return

2003

(99) IRS Use Only - Do not write or staple in this space.

## Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2003, or other tax year beginning \_\_\_\_\_, 2003, ending \_\_\_\_\_, 20

THOMAS C DININIO  
2209 BUTTONWOOD LANE  
MILLVILLE, NJ 08332

OMB No. 1545-0074

Your social security number

Spouse's social security number

**Important!**  
You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund.  
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No

You ☐ Yes ☒ No Spouse ☐ Yes ☐ No

## Filing Status

1 ☒ Single 4 ☐ Head of household (with qualifying person). (See page 20.)

2 ☐ Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent, enter this

Check only one box.

3 ☐ Married filing separately. Enter spouse's SSN above & full name below.

child's name here.

5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

## Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qual. child for child tax or.

No. of boxes checked on 6a and 6b 1

No. of children on 6c who:

• lived with you  
• did not live with you due to divorce or separation (see page 21)

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed

1

## Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 3,360.

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a 10.

b Qualified dividends (see page 23)

9b

10.

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13a Capital gain/(loss). Attach Sch D. If not required check here.

13a (3,000.)

b If box on 13a is checked, enter post-May 5 capital gain distributions

13b

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amt

15b

16a Pensions and annuities

16a

b Taxable amt

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amt

20b

21 Other income. List type and amount (see page 27)

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22 370.

## Adjusted Gross Income

23 Educator expenses (see page 29)

23

24 IRA deduction (see page 29)

24

25 Student loan interest deduction (see page 31)

25

26 Tuition and fees deduction (see page 32)

26

27 Moving expenses. Attach Form 3903

27

28 One-half of self-employment tax. Attach Schedule SE

28

29 Self-employed health insurance deduction (see page 33)

29

30 Self-employed SEP, SIMPLE, and qualified plans

30

31 Penalty on early withdrawal of savings

31

32a Alimony paid b Recipient's SSN

32a

33 Add lines 23 through 32a

33

34 Subtract line 33 from line 22. This is your adjusted gross income

34 370.

Form 1040 (2003) **THOMAS C DININIO****Tax and Credits**

35 Amount from line 34 (adjusted gross income) 35 370.

36a Check ☐ You were born before January 2, 1939, ☐ Blind. Total boxes checked ☐ 36a  
if: ☐ Spouse was born before January 2, 1939, ☐ Blind.b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ☐ 36b**Standard Deduction for -**

- People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.

- All others:

- Single or Married filing separately, \$4,750

- Married filing jointly or Qualifying widow(er), \$9,500

- Head of household, \$7,000

37 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 37 4,750.

38 Subtract line 37 from line 35 38 (4,380.)

39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35 39 3,050.

40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- 40 0.

41 Tax. Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 41 0.

42 Alternative minimum tax. Attach Form 6251 42

43 Add lines 41 and 42 43 0.

44 Foreign tax credit. Attach Form 1116 if required 44

45 Credit for child and dependent care expenses. Attach Form 2441 45

46 Credit for the elderly or the disabled. Attach Schedule R 46

47 Education credits. Attach Form 8863 47

48 Retirement savings contributions credit. Attach Form 8880 48

49 Child tax credit (see page 40) 49

50 Adoption credit. Attach Form 8839 50

51 Credits from: a ☐ Form 8396 b ☐ Form 8859 51

52 Other credits. Check applicable box(es): a ☐ Form 3800 52

b ☐ Form 8801 c ☐ Specify

53 Add lines 44 through 52. These are your total credits 53

54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- 54 0.

**Other Taxes**

55 Self-employment tax. Attach Schedule SE 55

56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 56

57 Tax on qualified plans, including IRAs, and other tax-favored accounts. 57

58 Advance earned income credit payments from Form(s) W-2 58

59 Household employment taxes. Attach Schedule H 59

60 Add lines 54 through 59. This is your total tax 60 0.

**Payments**

If you have a qualifying child, attach Schedule EIC.

61 Federal income tax withheld from Forms W-2 and 1099 61

62 2003 estimated tax payments & amount applied from 2002 return 62

63 Earned income credit (EIC) 63 258.

64 Excess social security and tier 1 RRTA tax withheld (see page 56) 64

65 Additional child tax credit. Attach Form 8812 65

66 Amount paid with request for extension to file (see page 56) 66

67 Other payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8895 67

68 Add lines 61 through 67. These are your total payments 68 258.

**Refund**Direct deposit?  
See page 56  
and fill in 70b,  
70c, and 70d.

69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid 69 258.

70a Amount of line 69 you want refunded to you 70a 258.

b Routing number XXXXXXXXXX c Type: ☐ Checking ☐ Savings

d Account number XXXXXXXXXXXXXXXXXXXX

**Amount You Owe**

71 Amount of line 69 you want applied to 2004 estimated tax 71

72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 72

73 Estimated tax penalty (see page 58) 73

**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ Yes. Complete the following. ☐ No

Designee's name

Phone no.

Personal ID number

(PIN) ☐**Sign Here**Joint return?  
See page 20.  
Keep a copy for  
your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

H AND R BLOCK EASTERN ENTERPRISES INC 43-1632899  
VINELAND, NJ 08360

Phone no. (856) 825-0410

**SCHEDULE D  
(Form 1040)****Capital Gains and Losses**

OMB No. 1545-0074

**2003**Attachment  
Sequence No. **12**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Name(s) shown on Form 1040

**THOMAS C DININIO**

Your social security number

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1						
UBS FINANCIAL	VARIOUS	09/11/2003	280.	250.	30.	30.
UBS FINANCIAL	VARIOUS	08/19/2003	2,996.	2,700.	296.	296.
UBS FINANCIAL	VARIOUS	12/30/2003	6,796.	6,600.	196.	196.

2 Enter your short-term totals, if any, from  
Schedule D-1, line 2

2

3 Total short-term sales price amounts.

Add lines 1 and 2 in column (d)

3

10,072.

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684,  
6781, and 8824

4

5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts  
from Schedule(s) K-1

5

6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your  
2002 Capital Loss Carryover Worksheet

6

7a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result.  
Otherwise, enter -0-. Do not enter more than zero

7a

( 0. )

b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)

7b

522.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8						

9 Enter your long-term totals, if any, from  
Schedule D-1, line 9

9

10 Total long-term sales price amounts.  
Add lines 8 and 9 in column (d)

10

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and  
long-term gain or (loss) from Forms 4684, 6781, and 8824

11

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts  
from Schedule(s) K-1

12

(9,306.)

(9,306.)

13 Capital gain distributions. See page D-2 of the instructions

13

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your  
2002 Capital Loss Carryover Worksheet

14

15 Combine lines 8 through 13 in column (g). If zero or less, enter -0-

15

0.

16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)  
Next: Go to Part III on page two.

16

(9,306.)

\* Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain, "collectibles gains and losses" (as defined on page D-8 of the instructions) or eligible gain on qualified small business stock (see page D-4 of the instructions).

KBA For Paperwork Reduction Act Notice, see Form 1040 instructions.



THOMAS C DININIO

Schedule D (Form 1040) 2003

Page 2

**Part III Taxable Gain or Deductible Loss**

17a	Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below.	17a	(8,784.)
b	Combine lines 7a and 15. If zero or less, enter -0-. Then complete Form 1040 through line 40. Next: • If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete <b>Part IV</b> below. • Otherwise, skip the rest of Schedule D and complete Form 1040.	17b	0.
18	If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)) (see page D-7 of the instructions). Next: • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete <b>Part IV</b> below (but skip lines 19 and 20). • Otherwise, skip <b>Part IV</b> below and complete the rest of Form 1040.	18	(3,000.)

**Part IV Tax Computation Using Maximum Capital Gains Rates**

If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.

19	Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet on page D-7.	19	
20	Enter your 28% rate gain, if any, from line 7 of the worksheet on page D-8 of the instructions.	20	

If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet on page D-11 of the instructions to figure the amount to enter on lines 35 and 53 below, and skip all other lines below.

21	Enter your taxable income from Form 1040, line 40.	21	
22	Enter the smaller of line 16 or line 17a, but not less than zero.	22	
23	Enter your qualified dividends from Form 1040, line 9b.	23	
24	Add lines 22 and 23.	24	
25	Amount from line 4g of Form 4952 (investment interest expense).	25	
26	Subtract line 25 from line 24. If zero or less, enter -0-.	26	
27	Subtract line 26 from line 21. If zero or less, enter -0-.	27	
28	Enter the smaller of line 21 or: • \$56,800 if married filing jointly or qualifying widow(er); • \$28,400 if single or married filing separately; or • \$38,050 if head of household	28	
29	If line 27 is more than line 28, skip lines 29-39 and go to line 40.	29	
30	Enter the amount from line 27.	30	
31	Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40.	31	
32	Add lines 17b and 23*.	32	
33	Enter the smaller of line 30 or line 31.	33	
34	Multiply line 32 by 5% (.05).	34	
35	If lines 30 and 32 are the same, skip lines 34-39 and go to line 40.	35	
36	Subtract line 32 from line 30.	36	
37	Enter your qualified 5-year gain, if any, from line 8 of the worksheet on page D-10.	37	
38	Enter the smaller of line 34 or line 35.	38	
39	Multiply line 36 by 8% (.08).	39	
40	Subtract line 36 from line 34.	40	
41	Multiply line 38 by 10% (.10).	41	
42	If lines 26 and 30 are the same, skip lines 40-49 and go to line 50.	42	
43	Enter the smaller of line 21 or line 26.	43	
44	Enter the amount from line 30 (if line 30 is blank, enter -0-).	44	
45	Subtract line 41 from line 40.	45	
46	Add lines 17b and 23*.	46	
47	Enter the amount from line 32 (if line 32 is blank, enter -0-).	47	
48	Subtract line 44 from line 43.	48	
49	Enter the smaller of line 42 or line 45.	49	
50	Multiply line 46 by 15% (.15).	50	
51	Subtract line 46 from line 42.	51	
52	Multiply line 48 by 20% (.20).	52	
53	Figure the tax on the amount on line 27. Use the Tax Table or Tax Rate Schedules, whichever applies.	53	
54	Add lines 33, 37, 39, 47, 49, and 50.	54	
55	Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies.	55	
56	Tax on all taxable income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 41.	56	

\*If lines 23 and 25 are more than zero, see Lines 31 and 43 on page D-9 for the amount to enter.

Schedule D (Form 1040) 2003

Schedule E (Form 1040) 2003

Attachment Sequence No. 13

Page 2

Name(s) shown on return.

THOMAS C DININIO

Your social security number

**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting losses not allowed in prior years due to the at-risk or basis limitations, passive losses not reported on Form 8582, or unreimbursed partnership expenses? ☐ Yes ☒ No

If you answered "Yes," see page E-5 before completing this section.

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	TOM DININIO	P		22-2935089	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals				
b Totals				
30 Add columns (g) and (j) of line 29a			30	0.
31 Add columns (f), (h), and (i) of line 29b			31	( )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	0.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		35
36 Add columns (c) and (e) of line 34b		36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-6)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17	41	0.
42	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6)	42	
43	Reconciliation for Real Estate Professionals. If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

**2003**Attachment  
Sequence No. **88**Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return

**THOMAS C DININIO**

Identifying number

**Part I 2003 Passive Activity Loss**

Caution: See the instructions for Worksheets 1, 2, and 3 on pages 7 and 8 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation see **Special Allowance for Rental Real Estate Activities** on page 3 of the instructions.)

<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(	)
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(	)
<b>d</b> Combine lines 1a, 1b, and 1c	1d		

**Commercial Revitalization Deductions From Rental Real Estate Activities**

<b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a).	2a	(	)
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	(	)
<b>c</b> Add lines 2a and 2b	2c		

**All Other Passive Activities**

<b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(	9,306.)
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	(	)
<b>d</b> Combine lines 3a, 3b, and 3c	3d		(9,306.)

**4** Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582.

Report the losses on the forms and schedules normally used

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See page 8 for an example.

<b>5</b> Enter the smaller of the loss on line 1d or the loss on line 4	5	
<b>6</b> Enter \$150,000. If married filing separately, see page 8	6	
<b>7</b> Enter modified adjusted gross income, but not less than zero (see page 8)	7	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
<b>8</b> Subtract line 7 from line 6	8	
<b>9</b> Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see page 8	9	
<b>10</b> Enter the smaller of line 5 or line 9	10	

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8.

<b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
<b>12</b> Enter the loss from line 4	12	
<b>13</b> Reduce line 12 by the amount on line 10	13	
<b>14</b> Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total	15	
<b>16</b> Total losses allowed from all passive activities for 2003. Add lines 10, 14, and 15. See page 11 of the instructions to find out how to report the losses on your tax return	16	

KBA For Paperwork Reduction Act Notice, see page 12 of the instructions.

Form 8582 (2003)



Form 8582 (2003) **THOMAS C DININIO**

Page 2

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See page 7 of the instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c					

**Worksheet 2 - For Form 8582, Lines 2a and 2b (See page 8 of the instructions.)**

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

**Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See page 8 of the instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>TOM DININIO</b>		9,306			9,306
Total. Enter on Form 8582, lines 3a, 3b, and 3c		9,306			

**Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See page 9.)**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

**Worksheet 5 - Allocation of Unallowed Losses (See page 9 of the instructions.)**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>TOM DININIO</b>	<b>SCH E L28</b>	9,306	1.00000	9,306
Total		9,306	1.00	9,306

Form 8582 (2003)



Form 8582 (2003) **THOMAS C DININIO****Worksheet 6 - Allowed Losses** (See page 9 of the instructions.)

Page 3

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>TOM DININIO</b>	<b>SCH E L28</b>	<b>9,306</b>	<b>9,306</b>	
<b>Total</b>		<b>9,306</b>	<b>9,306</b>	

**Worksheet 7 - Activities With Losses Reported on Two or More Different Forms or Schedules** (See page 10.)

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss					
Form or schedule and line number to be reported on (see instructions):										
1a Net loss plus prior year unallowed loss from form or schedule										
b Net income from form or schedule										
c Subtract line 1b from line 1a. If zero or less, enter -0-										
Form or schedule and line number to be reported on (see instructions):										
1a Net loss plus prior year unallowed loss from form or schedule										
b Net income from form or schedule										
c Subtract line 1b from line 1a. If zero or less, enter -0-										
Form or schedule and line number to be reported on (see instructions):										
1a Net loss plus prior year unallowed loss from form or schedule										
b Net income from form or schedule										
c Subtract line 1b from line 1a. If zero or less, enter -0-										
<b>Total</b>			<b>1.00</b>							

Name: THOMAS C DININIO

## Supporting Schedules

2003

SSN: -----

Federal

Schedule D, Page 1

Capital Gain/Loss from Schedules K1  
-----

Name	EIN	Term Held	Taxable Amount	Post-May 5 gain/loss
TOM DININIO	22-2935089	L	(9,306)	(9,306)

Page: 1 Document Name: CSC\_IDRS

PTRN02436891522003000000

\*(TY2003)

PAGE 0001 OF 0009

DOCUMENT TYPE: W-2

SEE ENTITY DATA:

THOMAS C DININIO

209 BUTTWOOD LA

ELLVILLE

DATE: NJ ZIP: 08332-0000

COUNT NUMBER: N/A

SEE ENTITY DATA: 216000248

ELLVILLE BOARD OF EDUCATION

PO BOX 5010 COMPUTER ROOM

ELLVILLE NJ 08332

STATUTORY EMPLOYEE IND: NO

TYPE OF EMPLOYMENT: ALL OTHERS

FED TAX WH.....\$0

AGES.....\$3,360+

SEC WH.....\$208+

SEC WAG.....\$3,360+

EDCARE WH.....\$48+

EDCARE WG.....\$3,360+

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je: 1 Document Name: CSC\_IDRS

PTRN02436891522003000000

\*(TY2003)

PAGE 0002 OF 0009

DOCUMENT TYPE: 5498

TEE ENTITY DATA:

LA FBO THOMAS' C DININIO

09 BUTTONWOOD LANE

LLVILLE

ATE: NJ ZIP: 08332-3615

OUNT NUMBER: 3N60468024368915

ER ENTITY DATA: 132638166

IS FINANCIAL SERVICES INCORPORATED

00 HARBOR BLVD 6TH FL

EHAWKEN

NJ 07087

IRA CODE: CHECKED

SEP CODE: NOT CHECKED

SIMPLE CODE: NOT CHECKED

ROTH IRA CODE: NOT CHECKED

RMD FOR SUBSEQUENT YEAR: NOT CHECKED

IV ACCT.....\$9,800+

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TAXPAYER COPY

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je: 1 Document Name: CSC\_IDRS

PTRN02436891522003000000

\*(TY2003)

PAGE 0003 OF 0009

DOCUMENT TYPE: 5498

PER ENTITY DATA:

THOMAS C DININIO

209 BUTTONWOOD LN

ELLVILLE

DATE: NJ ZIP: 08332-3615

IRA CODE: CHECKED

SEP CODE: NOT CHECKED

SIMPLE CODE: NOT CHECKED

COUNT NUMBER: DTJ00018501000181150

PER ENTITY DATA: 132656035

THE GUARDIAN PARK AVENUE FUND

STATE STREET BANK TRUST C/O BFDS SER

PO BOX 219611

KANSAS CITY

MO 64121

ROTH IRA CODE: NOT CHECKED

RMD FOR SUBSEQUENT YEAR: NOT CHECKED

IV ACCT.....\$746+

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TAXPAYER COPY

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Page: 1 Document Name: CSC\_IDRS

PTRN02436891522003000000

\*(TY2003)

PAGE 0004 OF 0009

DOCUMENT TYPE: K-1 1120S

YEE ENTITY DATA:

THOMAS DININIO

209 BUTTONWOOD LN

ELLVILLE

STATE: NJ ZIP: 08332-0000

YER ENTITY DATA: 222935089

THOMAS DININIO INC

209 BUTTONWOOD LN

ELLVILLE

NJ 08332

ED TAX WH.....\$0

R INC K-1.....\$9,306-

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je: 1 Document Name: CSC\_IDRS

TRN02436891522003000000

\*(TY2003)

PAGE 0005 OF 0009

DOCUMENT TYPE: 1099-B

SEE ENTITY DATA:

M DININIO

09 BUTTONWOOD LANE

LLVILLE NJ 08332-361

ATE: NJ ZIP: 08332-3615

OUNT NUMBER: 3N0161900512349

ER ENTITY DATA: 132638166

S FINANCIAL SERVICES INC.

00 LINCOLN HARBOR BLVD

EHAWKEN

NJ 07086

SALES DATE: 09-11-2003

GROSS INCLUDES COMMISSIONS: NO

GROSS EXCLUDES COMMISSIONS: YES

CUSIP NUMBER: 0002008E9

NO SECOND NOTICE

EM DESCRIPTION: N/A

D TAX WH.....\$0

OCK&BOND.....\$280+

250

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1130  
~~809~~  
1111



Page: 1 Document Name: CSC\_IDRS

PTRN02436891522003000000

\*(TY2003)

PAGE 0006 OF 0009

DOCUMENT TYPE: 1099-B

VEE ENTITY DATA:

DM DININIO

209 BUTTONWOOD LANE

ELLVILLE NJ 08332-361

DATE: NJ ZIP: 08332-3615

OUNT NUMBER: 3N0161900512348

VER ENTITY DATA: 132638166

BS FINANCIAL SERVICES INC.

000 LINCOLN HARBOR BLVD

EHAWKEN

NJ 07086

SALES DATE: 08-19-2003

GROSS INCLUDES COMMISSIONS: NO

GROSS EXCLUDES COMMISSIONS: YES

CUSIP NUMBER: 0005084B0

NO SECOND NOTICE

TEM DESCRIPTION: N/A

ED TAX WH.....\$0

OCK&BOND.....\$2,996+

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TAXPAYER COPY

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Page: 1 Document Name: CSC\_IDRS

PTRN02436891522003000000

\*(TY2003)

PAGE 0007 OF 0009

DOCUMENT TYPE: 1099-B

VEE ENTITY DATA:

DM DININIO

209 BUTTONWOOD LANE

ELLVILLE NJ 08332-361

DATE: NJ ZIP: 08332-3615

COUNT NUMBER: 3N0161900512350

VEE ENTITY DATA: 132638166

BS FINANCIAL SERVICES INC.

000 LINCOLN HARBOR BLVD

EEHAWKEN

NJ 07086

SALES DATE: 12-30-2003

GROSS INCLUDES COMMISSIONS: NO

GROSS EXCLUDES COMMISSIONS: YES

CUSIP NUMBER: 0002008E9

NO SECOND NOTICE

ITEM DESCRIPTION: N/A

ED TAX WH.....\$0

OCK&BOND.....\$6,796+

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TAXPAYER COPY

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PTRN02436891522003000000

\*(TY2003)

PAGE 0008 OF 0009

DOCUMENT TYPE: 1098

YER/BORROWER:

15

ININIO THOMAS C

209 BUTTONWOOD LANE

ILLVILLE

TATE: NJ ZIP: 08332-0000

COUNT NUMBER: 00840962

CIPIENT/LENDER: 210744653

RIDGETON ONIZED FCU

550 S MAIN ROAD

INELAND

NJ 08360

TG INT PD.....\$3,451+

\*\*\*\*\*

TAXPAYER COPY

\*\*\*\*\*

je: 1 Document Name: CSC\_IDRS

PTRN02436891522003000000

\*(TY2003)

PAGE 0009 OF 0009

DOCUMENT TYPE: 1099-DIV

SEE ENTITY DATA:

THOMAS C DININIO

209 BUTTONWOOD LANE

ELLVILLE

STATE: NJ ZIP: 08332-0000

NO SECOND NOTICE

COUNT NUMBER: 001 000001493

SEE ENTITY DATA: 371191206

PIONEER RAILCORP

318 SOUTH JOHANSON ROAD

PEORIA IL 61607

ED TAX WH.....\$0

ED DIV.....\$10+

IF DVDNDS.....\$10+

\*\*\*\*\*

TAXPAYER COPY

\*\*\*\*\*

e: 1 Document Name: CSC\_IDRS

TRW02436891522003000000

\*\*\* (TY2003) IRMF ON LINE TRANSCRIPT SYSTEM SUMMARY \*\*\*

IN- 024368915 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00

9 DOCS

GROUP AMOUNT

GROUP

AMOUNT

AGES.....\$3,360+

ID DIV.....\$10+

OCK&amp;BOND.....\$10,072+

ID INCOME.....\$0+

".....\$9,306-

(CORR/AMD)

) SEC WH.....\$208+

EDCARE WH.....\$48+

EDCARE WG.....\$3,360+

G INT PD.....\$3,451+

FER=PAYE(E), PAYE(R), (O)NLINE, (W)HITE OUT, IRPO(L), HARD(C)OPY OR (H)ELP

## Attachment B

Form **1040X**

(Rev. December 2012)

Department of the Treasury—Internal Revenue Service

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

► Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).**This return is for calendar year** ☐ 2012 ☐ 2011 ☐ 2010 ☐ 2009**Other year.** Enter one: calendar year 2007 or fiscal year (month and year ended):

Your first name and initial

Last name

Your social security number

Thomas Charles

Dininio

0

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your phone number

2209 Buttonwood La

856 327 1916

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Millville, NJ 08332

Foreign country name

Foreign province/state/county

Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status.**Caution.** In general, you cannot change your filing status from joint to separate returns after the due date.☒ Single☐ Married filing jointly☐ Married filing separately☐ Qualifying widow(er)☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)

Use Part III on the back to explain any changes

**Income and Deductions**

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here . . . . . ► <input type="checkbox"/>	63123	62288	835
2	Itemized deductions or standard deduction . . . . .	9751	(4401)	5350
3	Subtract line 2 from line 1 . . . . .	53372	(53372)	0
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 30 . . . . .	3400	0	3400
5	Taxable income. Subtract line 4 from line 3 . . . . .	49972	(49972)	0

**Tax Liability**

6	Tax. Enter method used to figure tax:	8918	(8918)	0
7	Credits. If general business credit carryback is included, check here . . . . . ► <input type="checkbox"/>	0	0	0
8	Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	8918	(8918)	0
9	Other taxes . . . . .	8801	(8801)	0
10	Total tax. Add lines 8 and 9 . . . . .	17719	(17719)	0

**Payments**

11	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions) . . . . .	0	0	0
12	Estimated tax payments, including amount applied from prior year's return . . . . .	0	0	0
13	Earned income credit (EIC) . . . . .	0	unknown	unknown
14	Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2009–2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	0	0	0

15	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	15	0
16	Total payments. Add lines 11 through 15 . . . . .	16	0

**Refund or Amount You Owe (Note. Allow 8–12 weeks to process Form 1040X.)**

17	Overpayment, if any, as shown on original return or as previously adjusted by the IRS. . . . .	17	0
18	Subtract line 17 from line 16 (If less than zero, see instructions) . . . . .	18	0
19	Amount you owe. If line 10, column C, is more than line 18, enter the difference . . . . .	19	0
20	If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return . . . . .	20	0
21	Amount of line 20 you want refunded to you . . . . .	21	0
22	Amount of line 20 you want applied to your (enter year): estimated tax . 22	0	

Complete and sign this form on Page 2.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11360L

Form **1040X** (Rev. 12-2012)



Form 1040X (Rev. 12-2012)

Page 2

**Part I Exemptions**Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2009.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23 Yourself and spouse. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself. . . . .	23		
24 Your dependent children who lived with you . . . . .	24		
25 Your dependent children who did not live with you due to divorce or separation . . . . .	25		
26 Other dependents . . . . .	26		
27 Total number of exemptions. Add lines 23 through 26 . . . . .	27		
28 Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending . . . . .	28		
29 If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 6 for 2009 . . . . .	29		
30 Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form . . . . .	30		
31 List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- ☐ Check here if you did not previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

The IRS through R/A Fillion is alleging that I had income of which I am not aware. I have repeatedly asked for details to identify this alleged income and have been met with silence.

**Sign Here**

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

▶ [Signature] Date 24 Sept 13 Spouse's signature. If a joint return, both must sign. Date

**Paid Preparer Use Only**

Preparer's signature Date Firm's name (or yours if self-employed)

Print/type preparer's name Firm's address and ZIP code

PTIN ☐ Check if self-employed Phone number EIN

## Attachment C

Form **1040X**

(Rev. December 2012)

Department of the Treasury—Internal Revenue Service

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

► Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).**This return is for calendar year** ☐ 2012 ☐ 2011 ☐ 2010 ☐ 2009**Other year.** Enter one: calendar year 2008 or fiscal year (month and year ended):

Your first name and initial

Last name

Your social security number

Thomas Charles

Dininio

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your phone number

2209 Buttonwood La

856 327 1916

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Millville, NJ 08332

Foreign country name

Foreign province/state/county

Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status.**Caution.** In general, you cannot change your filing status from joint to separate returns after the due date.☒ Single☐ Married filing jointly☐ Married filing separately☐ Qualifying widow(er)☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)

Use Part III on the back to explain any changes

**Income and Deductions**

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here . . . . . ► <input type="checkbox"/>	158713	(158073)	640
2	Itemized deductions or standard deduction . . . . .	13851	(8401)	5450
3	Subtract line 2 from line 1 . . . . .	144862	(144042)	640
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 30 . . . . .	3500	0	3500
5	Taxable income. Subtract line 4 from line 3 . . . . .	141362	(141362)	0

**Tax Liability**

6	Tax. Enter method used to figure tax:	33560	(33560)	0
7	Credits. If general business credit carryback is included, check here. . . . . ► <input type="checkbox"/>	0	0	0
8	Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	33560	(33560)	0
9	Other taxes . . . . .	16802	(16802)	0
10	Total tax. Add lines 8 and 9 . . . . .	50362	(50362)	0

**Payments**

11	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions) . . . . .	0	0	0
12	Estimated tax payments, including amount applied from prior year's return . . . . .	0	0	0
13	Earned income credit (EIC) . . . . .	0	unknown	unknown
14	Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2009–2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify): . . . . .	0	0	0

15	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	15	0
16	Total payments. Add lines 11 through 15 . . . . .	16	0

**Refund or Amount You Owe (Note. Allow 8–12 weeks to process Form 1040X.)**

17	Overpayment, if any, as shown on original return or as previously adjusted by the IRS. . . . .	17	0
18	Subtract line 17 from line 16 (If less than zero, see instructions) . . . . .	18	0
19	Amount you owe. If line 10, column C, is more than line 18, enter the difference . . . . .	19	0
20	If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return . . . . .	20	0
21	Amount of line 20 you want refunded to you . . . . .	21	0
22	Amount of line 20 you want applied to your (enter year): estimated tax . 22		0

Complete and sign this form on Page 2.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11360L

Form **1040X** (Rev. 12-2012)

Form 1040X (Rev. 12-2012)

Page 2

**Part I Exemptions**

Complete this part only if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2009.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23 Yourself and spouse. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself. . . . .	23		
24 Your dependent children who lived with you . . . . .	24		
25 Your dependent children who did not live with you due to divorce or separation . . . . .	25		
26 Other dependents . . . . .	26		
27 Total number of exemptions. Add lines 23 through 26 . . . . .	27		
28 Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending . . . . .	28		
29 If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 6 for 2009 . . . . .	29		
30 Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form . . . . .	30		

31 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- ☐ Check here if you did not previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

The IRS through R/A Fillion is alleging that I had income of which I am not aware. I have not received any notice from the IRS and have been met with silence.

**Sign Here**

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined the accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.



Your signature

Date

21 Sept 13

Spouse's signature. If a joint return, both must sign.

Date

**Paid Preparer Use Only**

Preparer's signature

Date

Firm's name (or yours if self-employed)

Print/type preparer's name

Firm's address and ZIP code

PTIN

☐ Check if self-employed

Phone number

EIN

## Attachment D

Form **1040X**

(Rev. December 2012)

Department of the Treasury—Internal Revenue Service

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).This return is for calendar year ☐ 2012 ☐ 2011 ☐ 2010 ☒ 2009

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Last name

Your social security number

Thomas Charles

Dininio

Spouse's social security number

If a joint return, spouse's first name and initial

Last name

Your phone number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

856 327 1916

2209 Buttonwood La

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Millville, NJ 08332

Foreign country name

Foreign province/state/county

Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status.**Caution.** In general, you cannot change your filing status from joint to separate returns after the due date.☒ Single ☐ Married filing jointly ☐ Married filing separately☐ Qualifying widow(er) ☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)

Use Part III on the back to explain any changes

**Income and Deductions**

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here <input type="checkbox"/>			
2	Itemized deductions or standard deduction	95064	94704	360
3	Subtract line 2 from line 1	13851	(8401)	5450
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 30	81213	(81213)	360
5	Taxable income. Subtract line 4 from line 3	3650	0	3650
5		79023	(78663)	360

**Tax Liability**

6	Tax. Enter method used to figure tax:			
6		15944	(15944)	0
7	Credits. If general business credit carryback is included, check here <input type="checkbox"/>	0	0	0
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	15944	(15944)	0
9	Other taxes	13381	(13381)	0
10	Total tax. Add lines 8 and 9	29325	(29325)	0

**Payments**

11	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)	0	0	0
12	Estimated tax payments, including amount applied from prior year's return	0	0	0
13	Earned income credit (EIC)	0	unknown	unknown
14	Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2009-2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	0	0	0
15	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			0
16	Total payments. Add lines 11 through 15			0

**Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)**

17	Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	17	0
18	Subtract line 17 from line 16 (If less than zero, see instructions)	18	0
19	Amount you owe. If line 10, column C, is more than line 18, enter the difference	19	0
20	If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return	20	0
21	Amount of line 20 you want refunded to you	21	0
22	Amount of line 20 you want applied to your (enter year): estimated tax	22	0

Complete and sign this form on Page 2.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11360L

Form **1040X** (Rev. 12-2012)



Form 1040X (Rev. 12-2012)

Tax year 2009

Page 2

**Part I Exemptions**Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2009.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23 Yourself and spouse. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself . . . . .	23		
24 Your dependent children who lived with you . . . . .	24		
25 Your dependent children who did not live with you due to divorce or separation . . . . .	25		
26 Other dependents . . . . .	26		
27 Total number of exemptions. Add lines 23 through 26 . . . . .	27		
28 Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending . . . . .	28		
29 If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 6 for 2009 . . . . .	29		
30 Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form . . . . .	30		
31 List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- ☐ Check here if you did not previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

The IRS through R/A Fillion is alleging that I had income of which I am not aware. I have repeatedly asked for details to identify this alleged income and have been met with silence.

**Sign Here**

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

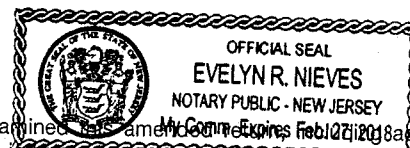
Your signature [Signature] Date 24 Sept 13 Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Firm's name (or yours if self-employed) \_\_\_\_\_

Print/type preparer's name \_\_\_\_\_ Firm's address and ZIP code \_\_\_\_\_

PTIN \_\_\_\_\_ ☐ Check if self-employed \_\_\_\_\_ Phone number \_\_\_\_\_ EIN \_\_\_\_\_



## Attachment E

Form **1040X**  
(Rev. December 2012)

Department of the Treasury—Internal Revenue Service

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

▶ Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).**This return is for calendar year** ☐ 2012 ☐ 2011 ☒ 2010 ☐ 2009**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial <b>Thomas Charles</b>		Last name <b>Dininio</b>	Your social security number <b>5</b>
If a joint return, spouse's first name and initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>2209 Buttonwood La</b>		Apt. no.	Your phone number <b>856 327 1916</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Millville, NJ 08332</b>			
Foreign country name		Foreign province/state/county	Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status.**Caution.** In general, you cannot change your filing status from joint to separate returns after the due date.

- ☒ Single      ☐ Married filing jointly      ☐ Married filing separately  
☐ Qualifying widow(er)      ☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)

Use Part III on the back to explain any changes

Income and Deductions	A. Original amount or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here . . . . . ▶ <input type="checkbox"/>	1 106891	(106891)	0
2 Itemized deductions or standard deduction . . . . .	2 13252	(7552)	5700
3 Subtract line 2 from line 1 . . . . .	3 93639	(93639)	0
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 30 . . . . .	4 3650	0	3650
5 Taxable income. Subtract line 4 from line 3 . . . . .	5 89989	(89989)	0
<b>Tax Liability</b>			
6 Tax. Enter method used to figure tax:	6 18902	(18902)	0
7 Credits. If general business credit carryback is included, check here . . . . . ▶ <input type="checkbox"/>	7 0	0	0
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 18902	(18902)	0
9 Other taxes . . . . .	9 13381	(13381)	0
10 Total tax. Add lines 8 and 9 . . . . .	10 15103	(15103)	0
<b>Payments</b>			
11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions) . . . . .	11 0	0	0
12 Estimated tax payments, including amount applied from prior year's return . . . . .	12 0	0	0
13 Earned income credit (EIC) . . . . .	13 0	0	0
14 Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2009–2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	14 0	0	0
15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	15		0
16 Total payments. Add lines 11 through 15 . . . . .	16		0
<b>Refund or Amount You Owe (Note. Allow 8–12 weeks to process Form 1040X.)</b>			
17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS. . . . .	17		0
18 Subtract line 17 from line 16 (If less than zero, see instructions) . . . . .	18		0
19 Amount you owe. If line 10, column C, is more than line 18, enter the difference . . . . .	19		0
20 If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return	20		0
21 Amount of line 20 you want refunded to you . . . . .	21		0
22 Amount of line 20 you want applied to your (enter year): estimated tax . 22	0		

Complete and sign this form on Page 2.

Form 1040X (Rev. 12-2012)

Tax year 2010

Page 2

**Part I Exemptions**Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2009.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23 Yourself and spouse. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself . . . . .	23		
24 Your dependent children who lived with you . . . . .	24		
25 Your dependent children who did not live with you due to divorce or separation . . . . .	25		
26 Other dependents . . . . .	26		
27 Total number of exemptions. Add lines 23 through 26 . . . . .	27		
28 Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending . . . . .	28		
29 If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 6 for 2009 . . . . .	29		
30 Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form . . . . .	30		
31 List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- ☐ Check here if you did not previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

The IRS through R/A Fillion is alleging that I had income of which I am not aware. I have repeatedly asked for details to identify this alleged income and have been met with silence.

**Sign Here**

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

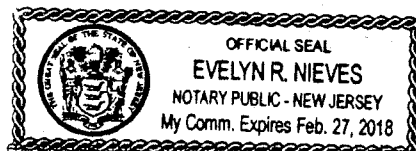
Your signature [Signature] Date 27 Sept 13 Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Firm's name (or yours if self-employed) \_\_\_\_\_

Print/type preparer's name \_\_\_\_\_ Firm's address and ZIP code \_\_\_\_\_

PTIN \_\_\_\_\_ ☐ Check if self-employed Phone number \_\_\_\_\_ EIN \_\_\_\_\_



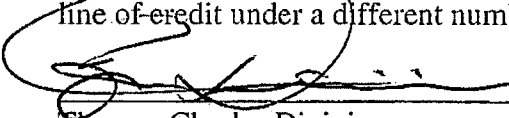
## Attachment F

**Exhibit A**  
**Alleged Personal Bank Accounts Do Not Exist**

In an attempt to determine where those large amounts of money came from that R/A Fillion placed on my amended 1040's, I went to both Bank of America and PNC Bank where he claimed I had accounts.

When I presented the disclosure notice (Exhibit A1) to Vicky, a Financial Specialist in the Vineland NJ branch of PNC, she searched the bank's computer records under both my name and SSN. Because there were no records of any account, she refused to sign a statement or provide notary services. She stated that she was instructed to only fill in an account information letter and only to provide notary services to customers of PNC.

The disclosure notice (Exhibit A2) was presented to Nikole Piatt at the Wheaton Plaza branch of Bank of America (Millville, NJ). She could find only the mentioned checking account with an accompanying line of credit under a different number.

  
 Thomas Charles Dininio

STATE OF N.J.  
 COUNTY OF CUMBERLAND

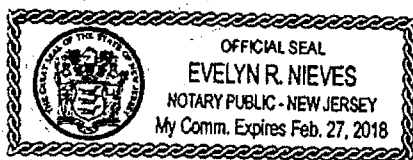
On 24 Sept '13, before me, Evelyn Nieves, personally  
 appeared THOMAS DININIO.

Known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

**WITNESS my hand and official seal**



(Notary Signature)



(seal)



**Exhibit A1**  
**NOTICE OF DISCLOSURE**

I, the undersigned officer of PNC Bank, hereby certify that upon examination of this bank's records for the name Thomas Dininio, SSN 024-36-8915, that there are no accounts for that name nor for the said SSN nor have such accounts ever existed.

\_\_\_\_\_(Name Print)

\_\_\_\_\_(Signature)

\_\_\_\_\_(Title)

EXHIBIT A-2  
NOTICE OF DISCLOSURE

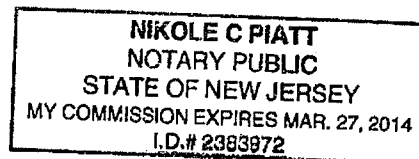
I, the undersigned officer of Bank of America have examined this Bank's records regarding the individual, Thomas Dininio, SSN 024-36-8915 finding that since 2007 Mr. Dininio had only two accounts with this bank: a checking account, No. 000001200625 from 4-30-1975 to 1/9/2013 and a Savings Account, No. with Fleet from prior to BfA to \_\_\_\_\_.

Upon written request, and, with written approval from Mr. Dininio, this bank will forward copies of these accounts.

  
Nikole Piatt (Name Print)

Nikole Piatt (Signature)

Personal Bank/Notary (Title)



**EP-13C**

PRESS HARD. YOU ARE MAKING 3 COPIES.